

Fill in this information to identify the case:

Debtor name Family Pharmacy of Missouri, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) 18-60523

☒ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Banc of California, N.A. Creditor's Name P. O. Box 24986 Seattle, WA 98124 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Point of Sale Equipment Describe the lien Equipment Finance and Security Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$109,496.39	Unknown

2.2	Bank of Missouri Creditor's Name 3807 South Campbell Springfield, MO 65807-5339 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 8196 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor	Describe debtor's property that is subject to a lien Distribution Center / Warehouse - 4083 N. Hwy NN, Ozark, MO 65721 Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent	\$4,328,505.56	Unknown
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Debtor **Family Pharmacy of Missouri, LLC** Case number (if know) **18-60523**

including this creditor and its relative priority.

☐ Unliquidated
☐ Disputed

2.3 Bank of Missouri Describe debtor's property that is subject to a lien **\$755,437.40** **Unknown**

Creditor's Name

**3807 South Campbell
Springfield, MO 65807-5339**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
8388

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

Deed of Trust on Distribution Center/Warehouse, 4083 N. Hwy NN, Ozark, MO 65721

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.4 Bank of Missouri Describe debtor's property that is subject to a lien **\$7,546.92** **Unknown**

Creditor's Name

**3807 South Campbell
Springfield, MO 65807-5339**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
3291

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.5 Cardinal Health Describe debtor's property that is subject to a lien **\$591,337.95** **Unknown**

Creditor's Name

**7000 Cardinal Place
Dublin, OH 43017**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

Trade Debt

Describe the lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

Debtor **Family Pharmacy of Missouri, LLC**

Case number (if know) **18-60523**

Name

Date debt was incurred

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.6

Smith Drug Company, a Division of

Creditor's Name
J M Smith Corporation
Attn: Office of Corporate Counsel
101 W. St. John Street,
Suite 305
Spartanburg, SC 29306

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Asserted third priority blanket liens as more fully set forth in the DIP motion.

\$11,206,938.48

Unknown

Describe the lien

Total Trade Debt Under Supply Agreement

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.7

Smith Drug Company, a Division of

Creditor's Name
J M Smith Corporation
Attn: Office of Corporate Counsel
101 W. St. John Street,
Suite 305
Spartanburg, SC 29306

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor

Describe debtor's property that is subject to a lien

Asserted third priority blanket liens as more fully set forth in the DIP motion.

\$6,713,218.16

Unknown

Describe the lien

Note Payable

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent

Debtor **Family Pharmacy of Missouri, LLC**

Case number (if know) **18-60523**

Name

including this creditor and its relative priority.

☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$23,712,480.86

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Lynn Morris
4230 Greenbriar
Nixa, MO 65714

Line 2.6

Lynn Morris
4230 Greenbriar
Nixa, MO 65714

Line 2.7

Lynn Morris
4230 Greenbriar
Nixa, MO 65714

Line 2.5

Lynn and Janet Morris
4230 Greenbriar
Nixa, MO 65714

Line 2.2

Michael Langston
P. O. Box 5
Strafford, MO 65757

Line 2.5

USDA-Rural Development
Rural Business-Cooperative Service
601 Business Loop 70 West
Parkade Center, Suite 325
Columbia, MO 65203

Line 2.2

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United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

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Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Family Pharmacy of Strafford, Inc.	307 E. Old Route 66 Strafford, MO 65757	Smith Drug Company, a Division of	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Family Pharmacy of Strafford, Inc.	307 E. Old Route 66 Strafford, MO 65757	Smith Drug Company, a Division of	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Family Pharmacy, Inc.	4101 N. State Hwy NN Ozark, MO 65721	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Family Pharmacy, Inc.	4101 N. State Hwy NN Ozark, MO 65721	Smith Drug Company, a Division of	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Family Pharmacy, Inc.	4101 N. State Hwy NN Ozark, MO 65721	Smith Drug Company, a Division of	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Family Pharmacy of Missouri, LLC**

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Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Family Pharmacy, Inc.	4101 N. Hwy NN Ozark, MO 65721	Banc of California, N.A.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Family Property Management, LLC	P. O. Box 949 Ozark, MO 65721	Smith Drug Company, a Division of	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Lynn Morris	4230 Greenbriar Nixa, MO 65714	Smith Drug Company, a Division of	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Lynn Morris	4230 Greenbriar Nixa, MO 65714	Smith Drug Company, a Division of	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Lynn Morris	4230 Greenbriar Nixa, MO 65714	Banc of California, N.A.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	Lynn & Janet Morris	4101 N. Hwy NN Ozark, MO 65721	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.12	Lynn and Janet Morris	4230 Greenbriar Nixa, MO 65714	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	Lynn Morris	4230 Greenbriar Nixa, MO 65714	Cardinal Health	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Lynn Morris	4230 Greenbriar Nixa, MO 65714	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	Michael Langston	P. O. Box 5 Strafford, MO 65757	Cardinal Health	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	Michael Langston	P. O. Box 5 Strafford, MO 65757	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	Michael Langston	P. O. Box 5 Strafford, MO 65757	Banc of California, N.A.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.18	USDA-Rural Development	Rural Business-Cooperative Service 601 Business Loop 70 West Parkade Center, Suite 325 Columbia, MO 65203	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ 4,339,011.82

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ 4,339,011.82

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 23,712,480.86

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 4,251,239.63

4. Total liabilities
Lines 2 + 3a + 3b

\$ 27,963,720.49